FRISHAUF, HOLTZ, GOODMAN & CHICK, P.C. ATTORNEYS AT LAW

767 THIRD AVENUE, NEW YORK, N.Y. 10017-2023

LEONARD HOLTZ
HERBERT GOODMAN
MARSHALL J. CHICK
RICHARD S. BARTH
DOUGLAS HOLTZ
ROBERT P. MICHAL

TELEPHONE: (212) 319-4900 FACSIMILE: (212) 319-5101

Express Mail Mailing Label No.: EL 983 137 043 US Date of Deposit: August 25, 2003

I hereby certify that this paper is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Lori Valdes

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 **CUSTOMER NO. 01933**

Attorney Docket No. 03500/HG

Pursuant to 37 CFR 1.53(b), transmitted herewith for filing is the patent application of Inventor(s):

Toshiyuki TAKABAYASHI

Title: ACTINIC RADIATION CURABLE COMPOSITION AND ACTINIC RADIATION CURABLE INK AND IMAGE FORMING METHOD AS WELL AS INK JET RECORDING APPARATUS USING THE SAME

Priority Claim (35 U.S.C. 119) is made, based upon:

Japanese Patent Application JP2002-256481 filed September 2, 2002.

Enclosed herewith are:

| [X] | Specification (Description, Claims, Abstract): Pages 1 - 72; Number of claims 1 - 11 |
|-----|--|
| (V) | Declaration and Device of Assure (|

[X] Declaration and Power of Attorney (executed)

[X] 1 Sheet of drawing, Figure 1 [X] Formal [] Informal

[X] Assignment and Form PTO-1595 Recordation Form Cover Sheet and Check for \$40.00

ASSIGNMENT INFORMATION FOR PUBLICATION:

KONICA CORPORATION 26-2 Nishishinjuku 1-chome, Shinjuku-ku, Tokyo, 163-0512, Japan

- [X] Certified copy of priority document identified above
- [] Information Disclosure Statement including Form PTO/SB/08A
- [] Preliminary Amendment
- [X] Change of Correspondence Address (Form PTO/SB/122)
- [X] Receipt Postcard

| | Number Filed | | Number Extra | Rate | Calculations |
|--------------------|---------------|---|--------------|----------------------|------------------|
| Total Claims | <u>11</u> -20 | = | 0 | x \$18.00 = | \$ <u></u> |
| Independent Claims | _13 | = | 0 | x \$84.00 = | \$ <u></u> |
| MULTIPLE DEPENDI | ENT CLAIMS | | | + \$280.00 = | \$ <u></u> |
| | | | | BASIC FEE | \$ 750.00 |
| | | | Total o | f above Calculations | \$ <u>750.00</u> |

To the extent not tendered by check, authorization is given to charge any fees under 37 CFR 1.16 and 1.17 during pendency of the application, or to credit any overpayment, to Deposit Account No. 06-1378. Duplicate copy of this letter is enclosed.

FRISHAUF, HOLTZ, GOODMAN & CHICK, P.C.

HG/lpv Encs. HERBERT GOODMAN - Reg. No. 17,081

10/648579 10/648579 Please type a plus sign (+) inside this box \rightarrow [+]

Approved for use through 10/31/2002. OMB 0651-0035 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| CHANGE OF | Application Number | | | |
|--|------------------------|------------------------|--|--|
| CORRESPONDENCE ADDRESS Application | Filing Date | Concomitantly herewith | | |
| | First Named Inventor | T. TAKABAYASHI | | |
| Address to: Commissioner for Patents | Group Art Unit | | | |
| P.O. Box 1450 Alexandria, VA 22313-1450 | Examiner Name | | | |
| Altaniulia, VA 22313-1430 | Attorney Docket Number | 03500/HG | | |

| Please change the Corresponden | ce Address for the above-identified a | application t | to: | | | | | | |
|---|---------------------------------------|---------------|--------|-------------|-----------|---------------|--|--|--|
| [X] Customer Number [01933] | | | | | | | | | |
| OR | | | | | | | | | |
| [] Firm or Individual Name | | | | | | | | | |
| Address | | | | | | | | | |
| Address | | | | | | | | | |
| City | | State | | | ZIP | | | | |
| Country | | | | | | | | | |
| Telephone | | | | Fax | | | | | |
| This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). | | | | | | | | | |
| I am the: | | | | | | | | | |
| [] Applicant/Inventor. | | | | | | | | | |
| [] Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | | | | | | |
| [X] Attorney or Agent of record. | | | | | | | | | |
| [] Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number | | | | | | | | | |
| Typed or Printed | | | | | | | | | |
| Name Herbert Goodman, Reg. No. 17,081 | | | | | | | | | |
| Signature Delivery | | | | | | | | | |
| Date (August 25, 2003 | | | | | | | | | |
| | tors or assignees of record of the en | | or the | ir represen | tative(s) | are required. | | | |

[X] Total of _____ forms are submitted.